Ending the HIV Epidemic

Quarterly Stakeholder Webinar

TUESDAY, NOVEMBER 15, 2022
2:00 P.M. - 3:15 P.M. ET

OASH Office of the Assistant Secretary for Health
CDC Centers for Disease Control and Prevention
HRSA Health Resources & Services Administration
Indian Health Service
NIH
SAMHSA Substance Abuse and Mental Health Services Administration

Ending the HIV Epidemic

Dr. Tim Harrison

Principal Deputy Director for the Office of Infectious Disease and HIV/AIDS Policy (OIDP)

Welcome Remarks, EHE, & NHAS Update

OASH Office of the Assistant Secretary for Health

Webinar Objectives

United States Department of Health and Human Services, Office of the Assistant Secretary of Health will host a quarterly *Ending the HIV Epidemic* initiative stakeholder webinar designed to:

- Highlight innovative methods of health equity through evidence-based practices
- Highlight ways to improve HIV diagnosis, care, and prevention outcomes for individuals living with HIV
- Provide an opportunity for questions and answers from major community members and government officials

Ending the HIV Epidemic

On-going EHE Implementation

Agency	EHE Implementation Update
CDC	-CDC **awarded $120 million** to state and local health departments to continue expanding HIV prevention and treatment efforts as part of the federal Ending the HIV Epidemic in the U.S. (EHE) initiative. -CDC awarded funding to Emory University to implement **Together TakeMeHome (TTMH),** a national HIV self-testing program designed to increase awareness and diagnoses of HIV in the United States. -CDC published a new Issue Brief: Status Neutral HIV Care and Service Delivery Eliminating Stigma and Reducing Health Disparities | Policy and Law | HIV/AIDS | CDC -CDC released the Division of HIV Prevention Strategic Plan Supplement—An Overview of Refreshed Priorities for 2022–2025 (cdc.gov)
HOPWA	-HOPWA funding is supporting 20 competitive Housing as an Intervention to Fight AIDS (HIFA) grants currently in their first operating year. Summaries of each HOPWA HIFA project can be found with the award announcement press release here: https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_196 -The HOPWA program's 30th anniversary was on October 28, 2022. All HOPWA 30th anniversary resources will be available here: https://www.hud.gov/program_offices/comm_planning/hopwa/30th_anniversary
HRSA-BPHC	**-New BPHC EHE T/TA Partners "Showcase" webinar for PCHP-funded health centers** – Tentatively scheduled for January 10, 2023. This webinar will include an assortment of TA partners who will present their services/resources and engage health centers in discussion about their most salient challenges/needs with respect to implementing their HIV prevention projects. **-New EHE-PCHP Community of Practice** – Tentatively scheduled to go-live in January 2023. BPHC is leveraging an existing Community of Practice (COP) platform, originally built for the Health Center Program COVID-19 response, to create an online space where the over 360 PCHP-funded health centers can exchange resources and insights on implementing their HIV prevention programs.

On-going EHE Implementation (continued)

Agency	EHE Implementation Update
HRSA-HAB	-The **HRSA HIV/AIDS Bureau Ending the HIV Epidemic in the U.S. (EHE) Initiative Qualitative Summary of Progress:** March 2020-February 2021 was released on September 15, 2022. This is HRSA HAB's first publication of qualitative data regarding the EHE initiative. -The next **Quarterly EHE Recipient Webinar** is scheduled for Wednesday, December 14, 2022, from 2:30 – 4:00 PM ET
IHS	-In early September 2022, the Indian Health Service **awarded $1.2 million** in EHE funds to tribal and urban Indian organizations to work towards eliminating the syndemic of HIV, HCV, and STIs and added two full-time public health advisors to their National HIV/HCV/STI Program staff.
NIH	-The NIH will issue a **Notice of Special Interest** for implementation research addressing several EHE priorities in January or February 2023, which will be limited to the NIH Centers for AIDS Research and the NIMH AIDS Research Centers. -The annual CFAR meeting occurred on November 4, 2022, which included a focus on EHE activities. CDC, HRSA and NIH presenters discussed opportunities to engage on HIV prevention and care/treatment priorities.

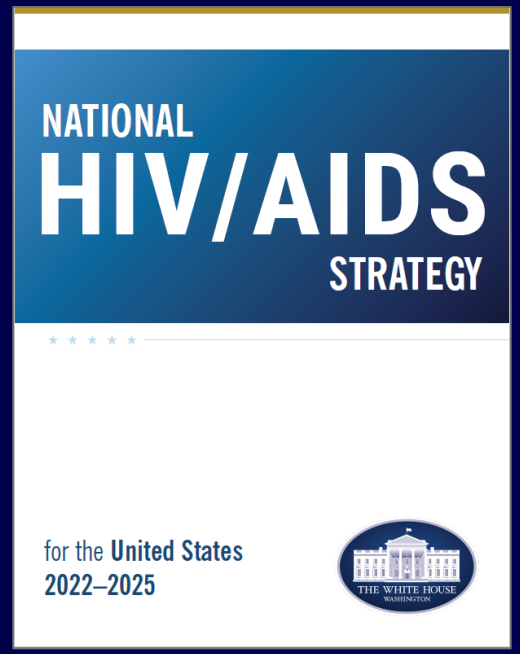
On-going EHE Implementation (continued)

Agency	EHE Implementation Update
OIDP	-In September The Presidents Advisory Council on HIV/AIDS (PACHA) convened in Los Angeles for the first in-person PACHA-to-the-People community engagement meeting since February 2020. Themes from the meeting included importance of a dignity approach to helping the people we serve, power of community and what can be accomplished when resources are provided to the people who want to do the work.
SAMHSA	-In September 2022, SAMHSA awarded $45.1 million to help meet the behavioral health needs of people who are at risk for or are living with HIV. These grant programs provide funding for substance use prevention and treatment programs for people at risk for or living with HIV, as well as funds integrating behavioral health and HIV care services. Grant development was informed by the NHAS and EHE Initiative. Updates from previous years included awarding additional points to applicants that serve clients within the 57 EHE jurisdictions.

National HIV/AIDS Strategy (NHAS) Federal Implementation Plan (FIP)

The NHAS details 21 objectives and 78 strategies for federal and nonfederal stakeholders to implement to achieve the Strategy's goals.

National HIV/AIDS Strategy	Federal Implementation Plan
Goals: Broad aspirations that enable a plan's vision to be realized	**Action Steps:** Specific activities that will be performed to implement the strategies and achieve the goals of the plan
Objectives: Changes, outcomes, and impact a plan is trying to achieve	**Progress Reports:** Reports on progress, successes, and challenges
Strategies: Choices about how best to accomplish objectives	



The NHAS Federal Implementation Plan will detail the action steps that Federal Departments and agencies will take to implement the strategies and achieve the goals of the NHAS.

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5 New Quality of Life Indicators

- **Indicator 9**: Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.
- **Indicator 10**: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.
- **Indicator 11**: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.
- **Indicator 12**: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.
- **Indicator 13**: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.

Ending the HIV Epidemic

Dr. Marissa Robinson

Management Analyst
Office of Infectious Disease and HIV/AIDS Policy, HHS

Introduction of Guest Speakers

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Guest Presenters

Dr. Madina Agénor
Assistant Professor in the Department of Behavioral and Social Sciences and Center for Health Promotion and Health Equity at Brown University School of Public Health

Mr. Torrian Baskerville
Director HIV & Health Equity
Human Rights Campaign

Dr. Tonia Poteat
Associate Professor in the Department of Social Medicine at the University of North Carolina Chapel Hill

Dr. Kirk Henny
Associate Director for the Office of Health Equity (OHE) in the Division of HIV Prevention (DHP) at the Centers for Disease Control and Prevention

Ending the HIV Epidemic

Dr. Madina Agénor

Assistant Professor in the Department of Behavioral and Social Sciences and Center for Health Promotion and Health Equity at Brown University School of Public Health

Intersectionality and HIV/STI Testing: Differences by Sexual Orientation, Gender Identity, and Race/Ethnicity

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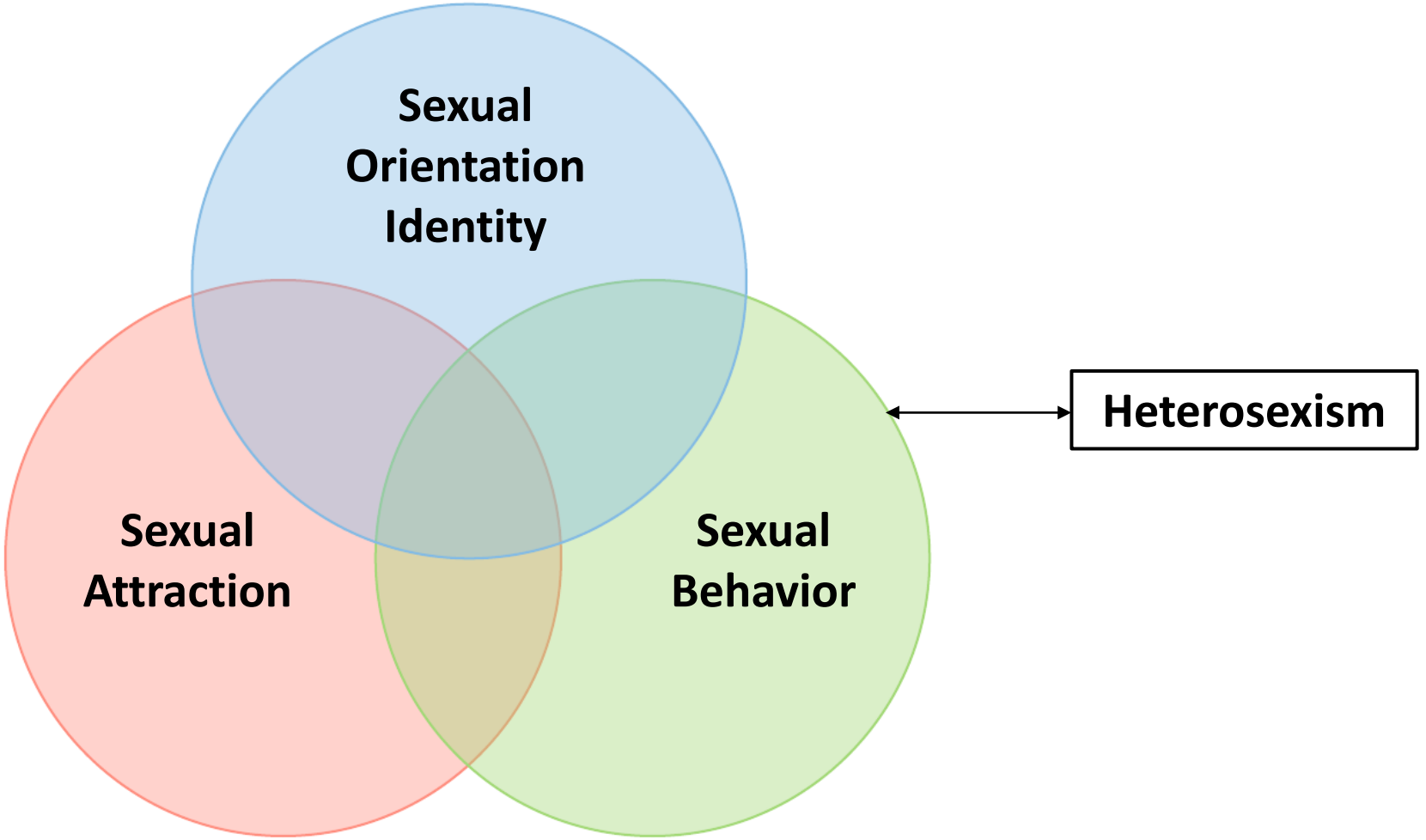
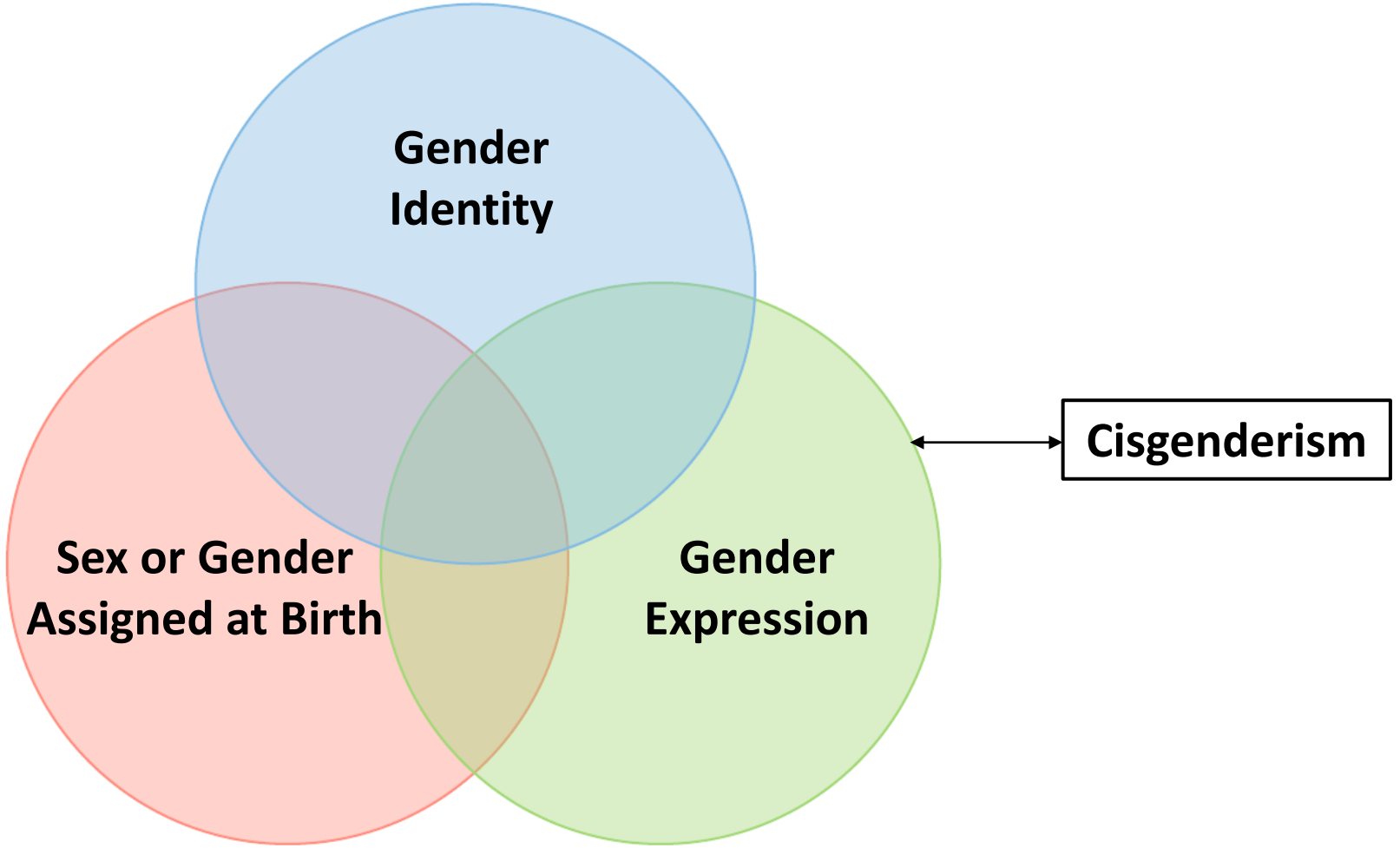
Sexual Orientation and Heterosexism



Gender Identity and Cisgenderism



Race, Ethnicity, and Racism

Race is a historically- and geographically-contingent social construct "based on [perceived] external physical characteristics and/or geographic origin, which captures differential access to power and resources in society."

Ethnicity refers to "shared social, cultural, and historical experiences, stemming from common national, regional, cultural, and/or linguistic backgrounds."

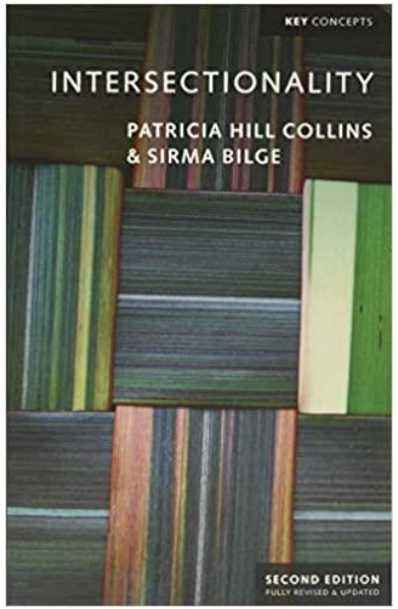
"**Racism** is an organized [multilevel and multidimensional] social system premised on the categorization and ranking of social groups into 'races' that devalues, disempowers, and [inequitably] allocates desirable societal opportunities and resources to racial[ized] groups regarded as inferior [to the benefit of the dominant group(s)]."

Adapted from: Williams et al., *Public Health Reports,* 1994; Williams and Mohammed, *American Behavioral Scientist*, 2013; Williams et al., *Annual Review of Public Health*, 2019.

Intersectionality

Intersectionality is an interdisciplinary "**analytic tool**" rooted in Black feminist theory and practice that allows us to more accurately capture the "**complexity** in the world, in people, and in human experiences," which are shaped by **multiple social inequities** and **power relations** that act "in **diverse** and **mutually influencing** ways."

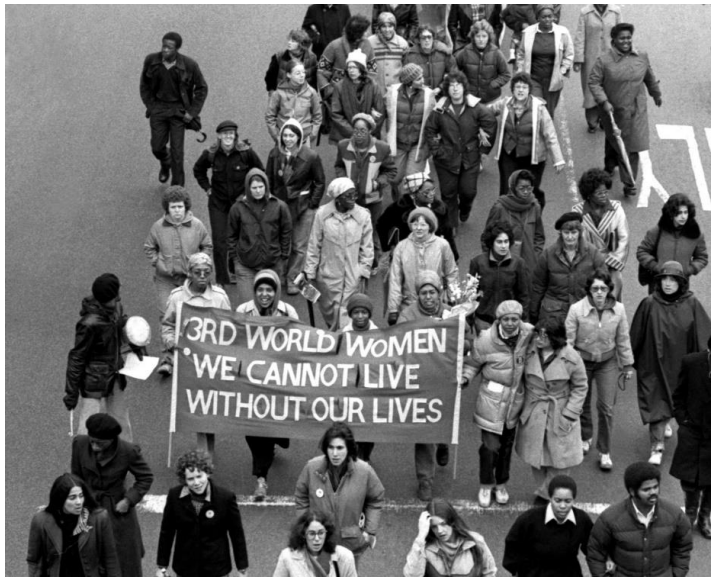
Adapted from Collins and Bilge, *Intersectionality*, 2016



Interlocking Systems of Oppression

"The most general statement of our politics at the present time would be that we are actively committed to struggling against **racial, sexual, heterosexual, and class oppression** and see as our particular task the development of **integrated analysis and practice** based upon the fact that the **major systems of oppression are interlocking**. The synthesis of these oppressions creates the conditions of our lives."

Combahee River Collective Statement, 1977



HIV/STI Testing: Importance and Recommendations

- **Prevention, detection, and treatment** of HIV and other STIs
  - Equitable access can help decrease in HIV and STI inequities
- **HIV testing recommendations**
  - At least one in lifetime for all people ages 13-64 years
  - At least once per year for people who may be at elevated HIV risk b/c of sexual or drug use behaviors, sexual networks, or STI diagnosis
- **STI testing recommendations**
  - Annually for sexually active women <25 years and >25 years if at elevated STI risk b/c of sexual behavior or STI diagnosis
  - At least annually for sexually active men who have sex with men
  - Screening for transgender and nonbinary people based on anatomy, sexual behavior, and STI exposure

Sexual Orientation, Race/Ethnicity, and HIV Testing Among U.S. Women and Men

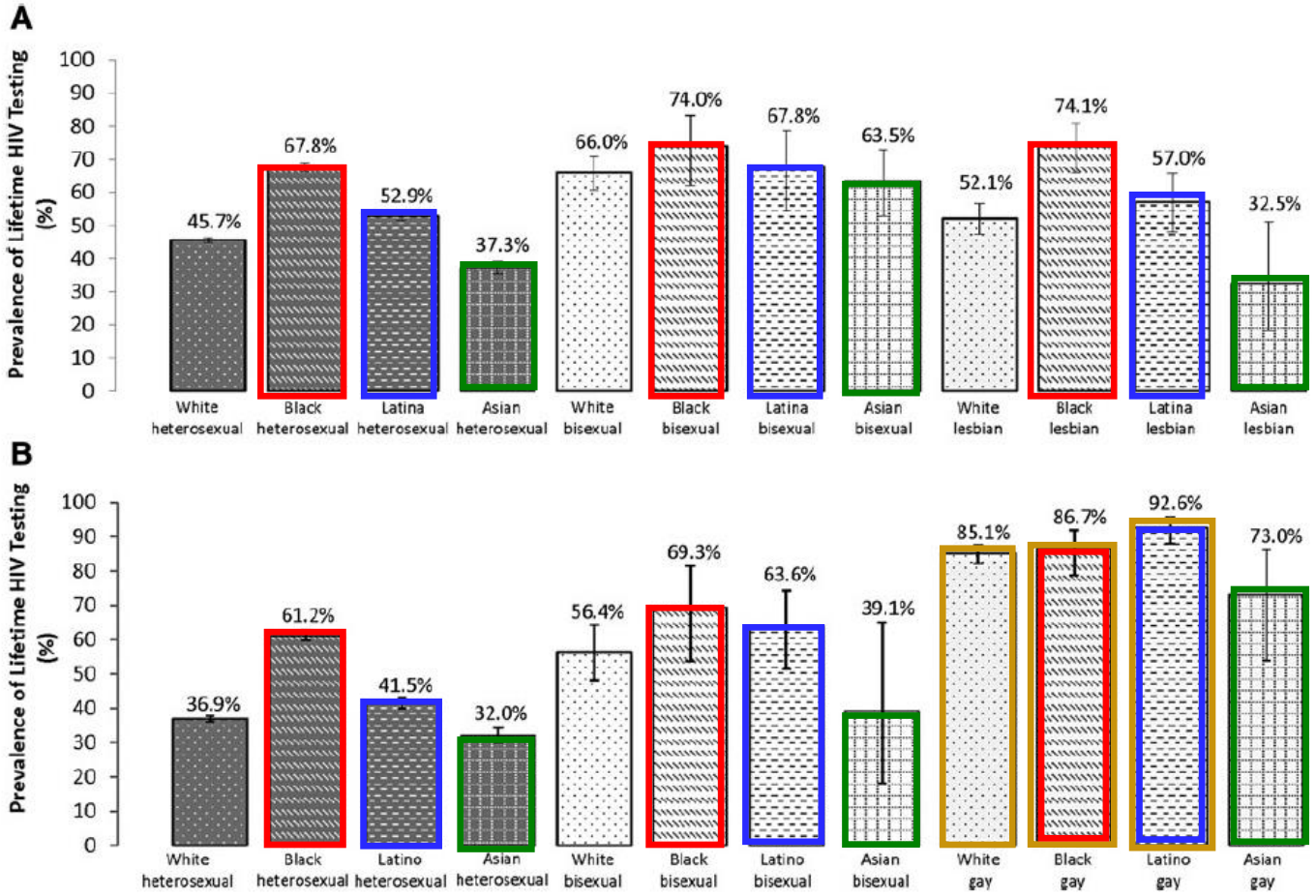


FIG. 1. Age-standardized prevalence of lifetime HIV testing among sexual orientation identity and racial/ethnic subgroups of U.S. women **(A)** and men **(B)** aged 18–64 years ($N = 113,068$). HIV, human immunodeficiency virus.

N=60,867

N=52,201

Agénor M et al. Sexual Orientation Identity, Race/Ethnicity, and Lifetime HIV Testing in a National Probability Sample of U.S. Women and Men: An Intersectional Approach. *LGBT Health*, 2019.

Gender Identity, Race/Ethnicity, and STI Testing Among Transgender and Nonbinary U.S. Young Adults

Variable	Ever received STI test	Received STI test in last 12 months*
	PR (95% CI)	PR (95% CI)
Model 1		
Total	378	264
Race/ethnicity		
White	1.00	1.00
Black	1.12 (0.92, 1.37)	**1.26 (1.01, 1.58)**
Latinx/e	1.14 (0.93, 1.39)	**1.36 (1.11, 1.66)**
Asian	1.15 (0.92, 1.44)	1.21 (0.93, 1.58)
Multiracial or another race/ethnicity	1.18 (1.01, 1.37)	1.05 (0.85, 1.29)
Model 2		
Total	376	262
Race/ethnicity		
White	1.00	1.00
Black	1.11 (0.91, 1.36)	**1.32 (1.03, 1.68)**
Latinx/e	1.18 (0.96, 1.46)	**1.39 (1.11, 1.75)**
Asian	1.15 (0.89, 1.49)	1.25 (0.95, 1.65)
Multiracial or another race/ethnicity	1.17 (1.00, 1.37)	1.11 (0.89, 1.38)
Model 3		
Total	349	244
Race/ethnicity		
White	1.00	1.00
Black	1.15 (0.95, 1.40)	**1.33 (1.03, 1.72)**
Latinx/e	1.12 (0.90, 1.40)	**1.33 (1.05, 1.69)**
Asian	1.09 (0.83, 1.42)	1.19 (0.90, 1.57)
Multiracial or another race/ethnicity	1.10 (0.93, 1.30)	1.10 (0.88, 1.38)

N=378

Agénor M et al. Racial/ethnic differences in sexually transmitted infection testing among transgender men and gender diverse assigned female at birth young adults in the United States: A National Study. Under Review.

Contextualizing HIV/STI Testing Differences

- Differences in HIV/STI testing should be understood in **social and historical context**
  - Sexual stereotypes about Black, Latinx/e, and Asian people
  - History of hyper-surveillance of infectious diseases (esp. “venereal diseases”) among Black and Latinx/e populations
  - Population-targeted HIV/STI testing programs
  - Individual and collective agency in face of STI inequities
- Barriers to **structurally competent**, **person-centered HIV/STI testing** among multiply marginalized populations
  - Interpersonal, institutional, and structural heterosexism, cisgenderism, and racism
  - Compounding negative effects on access to high-quality, person-centered care
    - Access to competent health care providers with shared lived experiences, patient-provider communication, obtaining regular timely care, access to tailored health information, and bodily autonomy

Qualitative Health Research
2021, Vol. 0(0) 1–14

DOI: 10.1177/10497323211050051
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SAGE

"Making a Way Out of No Way:" Understanding the Sexual and Reproductive Health Care Experiences of Transmasculine Young Adults of Color in the United States

Madina Agénor[1,2,3], Dougie Zubizarreta[4], Sophia Geffen[5], Natasha Ramanayake[6], Shane Giraldo[7], Allison McGuirk[8], Mateo Caballero[9], and Keosha Bond[10]

Abstract

Research focusing on the specific and unique sexual and reproductive health care experiences of transmasculine young adults of color are extremely scarce. We conducted five focus group discussions with 19 Black, Latinx, Asian, Native, and other transmasculine individuals of color aged 18–25 years in the greater Boston area. Using thematic analysis, we found that transmasculine young adults of color experienced cissexism, heterosexism, and racism in accessing and utilizing sexual and reproductive health services. These multiple forms of discrimination undermined participants' receipt of high-quality sexual and reproductive health information and care from competent health care providers who shared their lived experiences. Participants relied on support from their lesbian, gay, bisexual, transgender, and queer peers to obtain needed sexual and reproductive health resources and minimize harm during clinical encounters. Multilevel interventions are needed to promote access to person-centered and structurally competent sexual and reproductive health care among transmasculine young adults of color.

"I'm like, 'I'm attracted to women.' And they're like, 'Oh, so **AFAB** people?' I'm like, '**Women**.' And they're like, 'Oh so AFAB people?' […] It was so frustrating **I literally just didn't go back**. […] Because I felt so uncomfortable that I had to explain to this doctor three times that **me saying that I was attracted to women didn't mean that I was only having sex with AFAB people**."

"It's always something to imply that I'm hypersexual, that I'm a drug addict, or anything like that. That can only be my **race**…especially in LGBTQ center places. […] Because the space is so specifically centered on **LGBTQ** health, I think that's where that level of **disappointment** really came in."

"And even trying to find doctors that…There's this **common misconception** that Black folks, especially **Black people** who are assigned female at birth are less likely to feel **pain**. [That] is a consistent thing that I do notice [when seeking care]."

"I feel like the **queer community** at large, at least the ones I've been a part of, are very vocal about the importance of [STI testing]. And that's primarily where my **education**'s come from, from the **community**, not from the doctor, not from online, regarding **STIs**."

Conclusions and Implications

- Differences in HIV/STI testing exist in relation to **sexual orientation**, **race/ethnicity**, **gender identity**, and their **intersections**
- These differences are shaped by **social and historical factors**, including heterosexism, racism, cisgenderism, and their intersections, which affect HIV/STI testing among social groups in **specific** and **unique** ways
- Social inequities influence HIV/STI testing among social groups but so too do individual and collective **agency** as strategies of **resistance** to these inequities
- HIV/STI testing efforts should take into account histories and barriers and facilitators of testing among multiply marginalized groups, with the goal of facilitating **unbiased**, **structurally-competent**, and **person-centered** practices that promote respect, bodily autonomy, and equity

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- Mateo Caballero, BA
- Keosha Bond, EdD, MPH

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Thank you!

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Ending the HIV Epidemic

Mr. Torrian Baskerville

Director HIV & Health Equity
Human Rights Campaign

Human Rights Campaign Foundation
HIV & Health Equity Program

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Human Rights Campaign Foundation

The HRC Foundation seeks to fundamentally change the way LGBTQ+ people are treated in our everyday lives.

LGBTQ+ people are in every community, every profession and every culture -- and yet often face enormous obstacles simply because of who we are. The HRC Foundation works to build capacity and change policies, practices, hearts and minds in a range of institutions that shape our daily lives.

HIV & Health Equity Vision

"To improve the overall health and wellness of Black and Latinx communities by using a racial equity lens to address the social determinants of health, socioeconomic factors, and the institutional and structural policies and practices that enforce white supremacy and stigma."

Overview of Programs

- **Public Education**
  - **My Body, My Health**
    - ✔ **In-home HIV Testing**
  - **MPox (monkeypox)**
- **Capacity Building**
  - **Partnerships**
    - ✔ **CBO Leadership Council**
  - **Sponsorships**
- **Professional Development**
  - **GENERATE**

Public Education

MY BODY
MY HEALTH

HUMAN RIGHTS CAMPAIGN FOUNDATION

www.mybodymyhealth.org

A public education and awareness campaign that uses sex positivity images and messages to promote visibility, healthiness, and reduces stigma.

Professional Development

GENERATE

Youth Advocates Building a Generation Free of HIV & Stigma

OASH | Office of the Assistant Secretary for Health

Thank you!

For question or more information:

Torrian.Baskerville@hrc.org

Ending the HIV Epidemic

Dr. Tonia Poteat

Associate Professor in the Department of Social Medicine at the University of North Carolina Chapel Hill

Transforming the Carolinas: Ending the HIV Epidemic for Transgender People of Color in North & South Carolina

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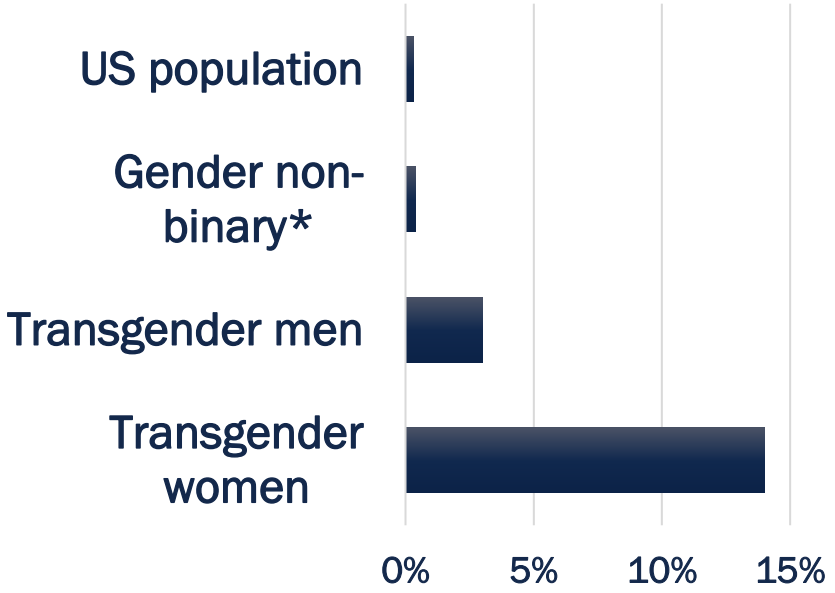
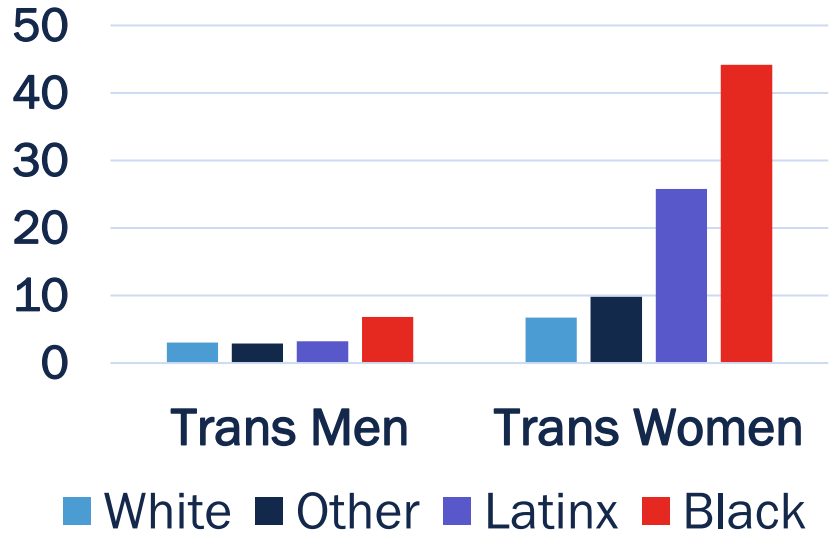
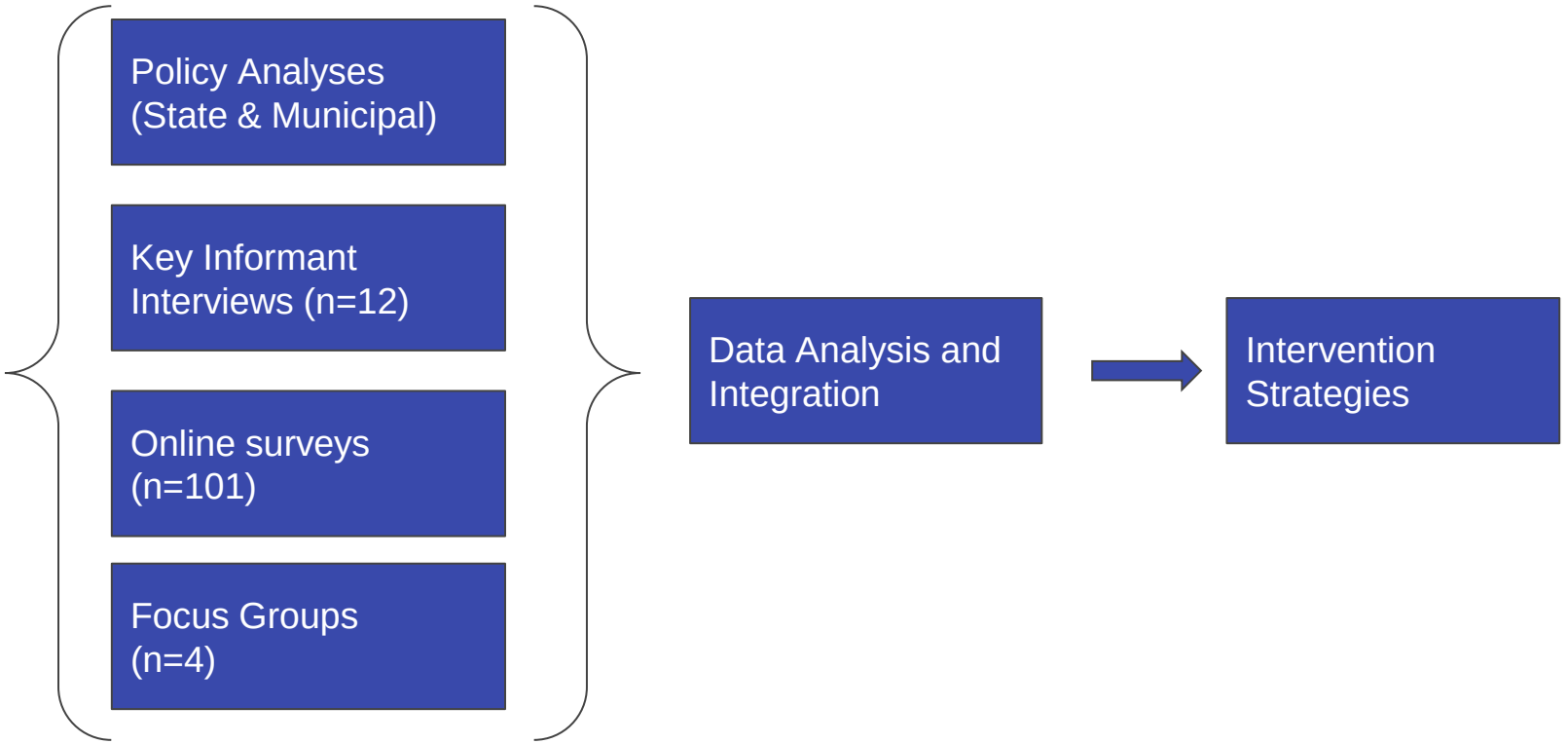
HIV Inequities by Gender Modality and Race

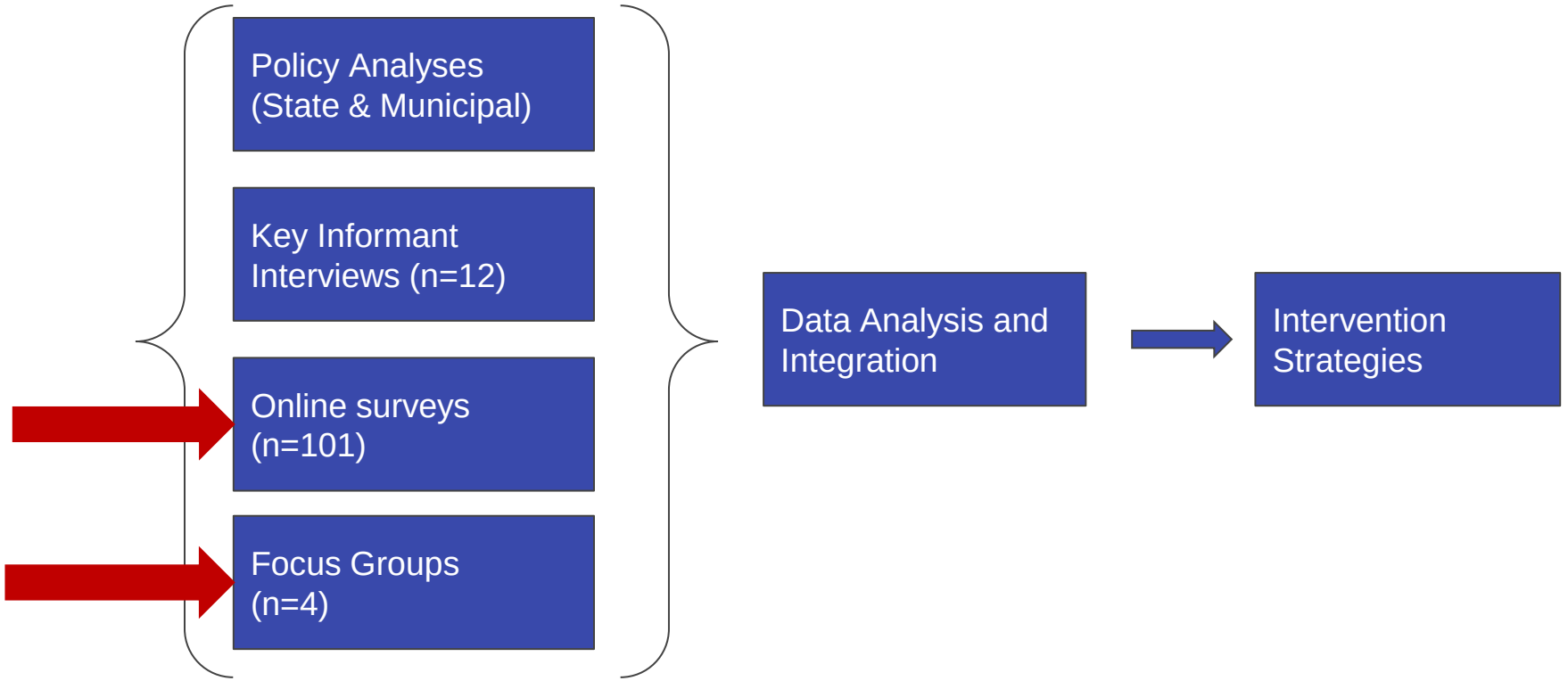




Transforming the Carolinas 1.0



Transforming the Carolinas 1.0



Survey Participants & Select Results

- N=101
- Mean age 32 (range 18-81)
- Gender
  - 39% trans men
  - 31% trans women
  - 25% nonbinary
  - 5% prefer not to answer
- Race and ethnicity
  - 31% Black
  - 14% Latinx
  - 20% multiracial
  - 36 % White
  - 5% Another race, not listed

Structural Challenges

- ❑ 60% ever homeless; 51% income < FPL
- ❑ 65% have no IDs that list the right gender
- ❑ >50% experienced violence in lifetime

HIV Outcomes

- ❑ 80% ever tested for HIV
  - ❑ **11% living with HIV**
    - ❑ Avg age diagnosis =24 years
    - ❑ All on treatment, most UDVL
- ❑ 90% heard of PrEP
  - ❑ **13% had taken PrEP**

Survey Results: Top 5 Community Priorities

Overall

1. Preventing violence, harassment, and bullying
2. Access to safe, affordable housing
3. Insurance coverage for gender care
4. Access to gender care
5. Making it easier to change gender on identity documents

Other top priorities

- ❖ Preventing police violence
- ❖ Access to employment
- ❖ Education of healthcare providers about transgender health

No one selected access to HIV information.

1 person selected access to HIV treatment

Focus Groups: Salient Quotes

[…] I feel like if you have, if you feel empowered enough to talk to your healthcare provider and social service providers about this stuff, you kind of get everything else anyway. Like if you feel empowered enough to talk to them about stuff, then you're able to apply for more stuff. - NC Participant

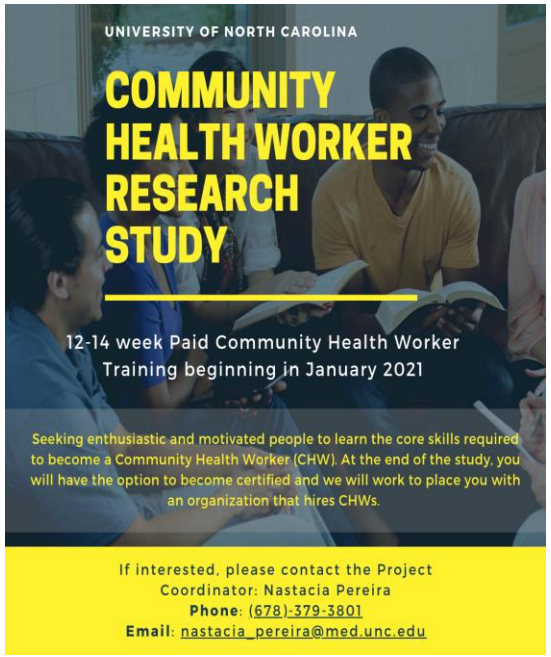
"[...] if you're going to refer someone, make sure that the place you refer them to is up on their training and you know, how they treat folks. - NC Participant

"when you feel that you can actually talk to your healthcare provider about what's going on. Because so many times we are afraid, just, I felt like people are afraid to tell about what is the truth. And then I feel like black people don't trust doctors. And then I feel like black women don't trust doctors. And I feel like black trans folks really, really, really, really, really don't trust doctors." - SC Participant

Sample Size: 4 FGDS; 12 participants

TTC 2.0: Evidence-Informed Goals

- Help individuals apply for and access various health and social resources, including health insurance, job readiness support, housing, nutrition, and legal services.
- Provide basic health education using culturally appropriate terms and concepts.
- Help individuals feel more confident and empowered in their interactions with healthcare and social service providers



Transforming the Carolinas 2.0

- Aims
  - Develop community health worker specialty modules: HIV and gender affirmation
  - Train a cadre of transgender people of color to provide health education and linkage to services
  - Test delivery of community health worker services using an adapted digital platform, HealthMpowerment
- Study completed successfully with many lessons learned
- Seeking funding for pilot study, TTC 3.0

TRANS EQUITY CONSULTING

UNIVERSITY OF South Carolina

CENTER FOR COMMUNITY HEALTH ALIGNMENT

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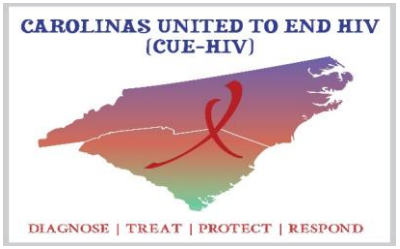
  - Sayward Harrison
- **Duke Law**
  - Ames Simmons
- **Mecklenburg**
  - Angela Lee
  - Renate Nnoko
  - Patrick Robinson
  - Meagan Zarwell
- **Charleston**
  - Gweneth Lazenby
  - Ginny Fonner
  - Aaron O'Brien



Ending the HIV Epidemic

Dr. Kirk Henny

Associate Director for the Office of Health Equity (OHE) in the Division of HIV Prevention (DHP) at the Centers for Disease Control and Prevention

Ending the HIV Epidemic: Telemedicine & HIV

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Telemedicine (TM) and HIV

- **Patient and system level barriers to care result in poor HIV care outcomes**
  - Transportation
  - Competing patient priorities
  - Stigma

- **Use of TM prior to 2020**
  - TM models for HIV care and treatment previously focused on specific populations
  - TM models for HIV care in urban settings had not been empirically evaluated until recently

Yehia et al. BMC; 2015:15; https://doi.org/10.1186/s12879-015-0990-0

Implementation of TM in Jacksonville, Florida

- **Telemedicine programs were developed and implemented for urban clinics to improve retention and service delivery**

- **CDC-funded organizations**
  - **University of Florida Health Jacksonville**
    - ✓ Located in a sprawling urban environment with limited mass transit
    - ✓ Cares for 1700 patients living with HIV
  - **HealthHIV**
    - ✓ Capacity building assistance to support implementation

Telemedicine Successes in Jacksonville, FL

- **TM was acceptable to PWH**
  - 568 PWH had some type of healthcare service via TM
  - 374 PWH had at least one TM visit for HIV medical care
- **TM was effective in supporting enduring viral suppression among PWH**
  - Viral load suppression at 6 months post visit: 92.8% for TM participants vs 81% for those who did not use TM
- **Other benefits were identified**
  - Cost savings to patients: Average cost per visit was $11.76/visit for TM compared to $50.36/visit for an in-person visit
  - Due to the expansion of TM during the COVID-19 pandemic, it was uniquely positioned to impact and sustain the provision of health services
  - Patient reported benefits to privacy and stigma

www.cdc.gov/hiv/effective-interventions/treat/telehealth/

Health Equity Elements Included in Evidence-Based Interventions & Public Health Strategies

Anti-Retroviral Treatment and Access to Services (ARTAS)

- Improves and facilitates access to HIV treatment and care
- Helps clients overcome barriers to being successfully linked to medical care

Sister to Sister: Take Control of Your Health (TCYH)

- Recognizes women of color as population disproportionally affected by HIV and other STIs
- Educates women of color on best practices to prevent HIV and other STIs

Sin Buscar Excusas/No Excuses (SBE/NE)

- Intended for Latino/Hispanic MSM
- Helps participants increase access to HIV prevention services

https://healthhiv.org/elearningcenter/

Ending the HIV Epidemic

Q&A

Dr. MARISSA ROBINSON

Management Analyst
Office of Infectious Disease and HIV/AIDS Policy, HHS

OASH Office of the Assistant Secretary for Health | CDC Centers for Disease Control and Prevention | HRSA Health Resources & Services Administration | Indian Health Service | NIH | SAMHSA Substance Abuse and Mental Health Services Administration

Ending the HIV Epidemic

Thank you!

CLOSING REMARKS WITH DR. TIM HARRISON

OASH | Office of the Assistant Secretary for Health

SAMHSA Substance Abuse and Mental Health Services Administration

Ending the HIV Epidemic

World AIDS Day 2022

"This World AIDS Day, we acknowledge the role equity plays in either the success or failure of our Nation's HIV response. Providing equitable access to HIV testing, prevention, care, treatment, and research is key to ending the HIV epidemic."

Harold Phillips, Director of the White House Office of National AIDS Policy

To learn more about HIV Awareness Days please visit:

https://www.hiv.gov/events/awareness-days

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